PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where n

appropriate. All further of a corrected unless corrected united and a corrected and the corrected and	d below or directed oth	ng the Patent, advance of the Patent, advance	rders and notification of material and an animal and an animal an	naintenance fees will be condence address; and/o	mailed to the current cor (b) indicating a separa	orrespondence address as ate "FEE ADDRESS" for	
		ock 1 for any change of address)	Note Fee(pape	: A certificate of mailir s) Transmittal. This certirs. Each additional pape its own certificate of mails.	ng can only be used for ificate cannot be used for or, such as an assignment alling or transmission	domestic mailings of the rany other accompanying t or formal drawing, must	
	7590 09/13/	/2006	nave				
Striker Striker & 103 East Neck R Huntington, NY	oad		I her State addr trans	ceptificate that this Fee self Postal Service with suessed to the Mail Stop smitted to the USPTO (5)	te of Mailing or Transm (s) Transmittal is being officient postage for first ISSUE FEE address a 71) 273-2885, on the day	ission deposited with the United class mail in an envelope bove, or being facsimile te indicated below.	
					-	(Depositor's name)	
					_	(Signature)	
				0 0		(Date)	
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
09/830,540	330,540 04/26/2001		Frank Kowalewki		1587	9344	
		ADIO STATION FOR	THE TRANSMISSION OF	PREDISTORED SIG			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	12/13/2006	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	· · ·			
DEAN, RA	YMOND S	2618	455-500000			~ ·	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Michael J. Striker 2 3			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	oe)			
			e data will appear on the poor a substitute for filing an		identified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Robert Bosch GmbH Stuttgart, Germany							
Please check the appropr	iate assignee category or	r categories (will not be p	printed on the patent):	Individual Corpora	ation or other private gro	up entity Government	
4a. The following fee(s) Issue Fee Publication Fee (N	No small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1 9 4 6 7 5 (enclose an extra copy of this form).				
5. Change in Entity Sta	•	,	/_	*			
	s SMALL ENTITY state		b. Applicant is no lon				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	quired) will not be accept ates Patent and Tradema	ted from anyone other than trk Office.	the applicant; a registere	d attorney or agent; or th	e assignee or other party in	
Authorized Signature	/ Mich	nael J. Strik e r <i>I</i>		Date11/1	6/2006		
Typed or printed name Michael J. Strike			er	Registration No			
This collection of informan application. Confiden	nation is required by 37 (atiality is governed by 35	CFR 1.311. The information of U.S.C. 122 and 37 CFI	tion is required to obtain or R 1.14. This collection is es	retain a benefit by the putimated to take 12 minu	ablic which is to file (and tes to complete, includin	by the USPTO to process) g gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.